THE

MEDICAL AND SURGICAL REPORTER.

No. 768.] PHILADELPHIA, NOVMEBER 18, 1871. [Vol. XXV.—No. 21.

Original Department.

Communications.

OPERATION FOR DOUBLE HARE LIP, AND DOUBLE CLEFT PALATE WITH PROTRUDING INTER-MAXILLARY BONE.

A clinical case presented at the November meeting of the Academy of Medicine of Elmira, New York,

By Dr. H. Meisel,

[Reported for the Philadelphia Med. and Surg. Reporter by Dr. L. Velder, Sec.]

Compare report of case I., page 99, July 29, 1871, and January 14, 1871, University of Pa., service of J. E. Garretson, M. D., in Med. and Surg. Reporter.

Some of the members present will remember a new born child which I presented in the September meeting of the "Elmira Academy of Medicine." The case created a general discussion as to the best time and manner of operating, some even advising the removing of the intermaxillary bone with knife or bone forceps; others a replacing of that bone by fracturing it near or above the alveolar process and holding it down with adhesive straps—a mode which is entirely useless, since you never can keep it in its place by these means.

On the 15th of September, the child being then ten days old, I operated upon it, assisted by Drs. Velder, Wey, Squire and Chubbuck, adopting the plan of Dr. Blandin, which consisted in cutting out of the ridge between the two chasms in the palate a Λ shaped wedge, using the bone forceps for the purpose, and the corner or terminating point of the cut reaching as far as the septum narium, for the purpose of removing any pressure upon the intermaxillary bone after its replacement.

After this part of the operation was completed, the protruding intermaxillary bone was easily replaced into its natural position by very slight pressure with the finger, thus forming one continuous gum, and closing the anterior opening of the two chasms. The cheeks then were loosened from the bone by the free use of the knife. After this the edges of the small piece of the upper lip immediately under the nose, between the two chasms, were freshened, and then, following the advice of my friend, Dr. T. H Squire, I made an incision into each cheek or lip—flap, near the edges, commencing at the corners of the nose and only cutting to midway between the nose and corners of what represented the lip, and turning down the so-gained flaps for a purpose which you soon will be able to judge of for yourselves.

A pin was now inserted into one cheek, passed through the small piece of upper lip, and out through the other cheek, and secured with thread in the fashion of a sailor's knot. The two upper corners were then brought together with sutures, after which the two flaps which were gained by the above mentioned operation, were brought together under the small piece of upper lip, and fastened with a suture, thus helping to form quite a wide upper lip, which otherwise, on account of the shortness of the small piece, which was there, would have been insufficient to cover the alveolar process.

The bleeding during the whole operation was very slight, and the child did not seem to suffer from exhaustion.

Plaster-strips were adjusted in order to bring the cheeks forward, to prevent strain upon the newly made lip, and the child was left to the care of the nurse.

There had been no anæsthetic given during the operation.

The night and day following, the child past-

ed a quantity of coagulated blood through the bowels, but otherwise was doing well.

On the 18th of September I took out one of the two upper sutures, near the corner of the nose. Adhesion had taken place, and the wound was secured again with adhesive strips.

On the following day I went to remove the second suture on the opposite side, but found that it had already removed itself during a violent attack of vomiting, leaving a small gap below the left nostril. Took out the lower suture, holding the lower flaps together, but union had not taken place, except where they joined on to the lower point of the small piece representing an upper lip.

On the 20th of Sept. took out the pin by cutting a small opening into the adhesive strips, and thus allowing it to be removed without disturbing the plaster-dressing.

On one of my following visits, I found upon removing the dressing, which had partially become loose, that there had an imperfect connection taken place between all the parts, thus bettering the chances for any future operation.

On Sept. 25th the lower flaps were freshened again, and a suture adjusted, but no union took place, and on Oct. 2d the same operation was repeated with the same result, owing to the fact that a common suture did not prevent the edges of the flaps from rolling inward, and thus preventing union.

On Oct. 7th, after freshening the edges again, I used the pin in place of suture, and on the 11th found that during the night the pin had slipped out of its own accord—an opening in the plaster dressing having been left for the purpose of removing it without disturbing the dressing.

I could then discover, where the dressing did not cover the cut, that union had taken place, and on the 14th, upon removing the adhesive strips, I found that the edges had united nicely, with the exception of a small place between the nose and point of upper lip. This opening filled out more from day to day, until on the 26th of October I found it had closed entirely, as had also some other places, where the union had been somewhat imperfect.

I propose now to use a red hot wire in place of the knife or scissors, in order to freshen the inside edges of these almost invisible openings, and believe that by this method I will soon be able to cause a perfect union to take place between all the parts, thus making one whole useful upper lip out of the several different parts we have had to connect.

The length of time, which elapsed between the birth of the child and the final adhesion of the lower flaps preventing the mother from keeping the milk in her breasts, which just commenced caking when the child became able to nurse, and it will have to be brought up either on bottle or spoon.

In conclusion I would say, that from the result of this operation I am convinced, that the best time for operating in such a case is the earliest possible time after the child's birth. If you wait even *one* month, your chances for a successful operation are lessened by the development of the muscles of the child's face.

If ever a similar case presents itself to me for treatment I shall if possible operate during the very first week of the child's life. And furthermore I would say, that experience in this case has taught me that the pin will be preferable to the suture wherever the room will allow the adjusting of one.

Hospital Reports.

ALBANY HOSPITAL.

Surgical clinic of Professor J. H. Armsby.

[Reported by T. D. Crothers, M. D.]

Sprained Ankle.

This man, in jumping, caught his foot between two timbers, causing a violent strain at the ankle-joint. He is unable to walk; the joint is swollen, red and painful. Here is probably a rupture of some of the ligaments, and the inflammation resulting may terminate in the thickening of the tissues, and permanent lameness. The treatment is rest, cooling applications, carbolic acid lotions, bandaging, cold water, alcohol and water, sol. muriate of ammonia, etc.

Vascular Tumor of the Neck.

This man came here for relief thirty years ago, and was presented at the clinic in this room. This tumor came from a blow when a child; it has increased slowly. The obstructed blood in this mesh of vessels has gradually dilated them, until they have become varicose. This tumor is not painful nor dangerous. Surgical interference is not warranted at present. This man is sixty years old, in good health, and will probably never suffer materially from this tumor. It is a rare case of nævus or aneurism by anastomosis.

Fracture and Separation of the Epiphysis.

In one of our late fires this boy sprang from a second-story window, and was brought to my office with the epiphyses of the ulna, radius and humerus, loosened, separated and displaced. I found it almost impossible to get them in opposition, and keep them in place. I have moulded over the joint this felt splint, hoping, by pressure, to keep in place and restrain these loose fragments; and I have placed the hand half-way between supination and pronation, with the thumb and forefinger upraised. Should stiffening of the joint, or anchylosis follow (which is to be expected), this is the best position for the hand, because most available for all purposes. Deformity will follow for a time, and, not unfrequently, some fragments of the bones may come away. With care, the motion of the joint will be restored, and the best results will be slight, permanent deformity.

Ulceration of the Inferior Maxillary Bone.

This young lady comes from the country; has had previous good health. Five years ago a small ulcer came near the angle of the lower jaw. It discharged matter, and occasionally small fragments of bones, for several months. Fistulous openings have continued discharging matter and bone spicula, at irregular intervals up to this time. Six weeks ago I cut down and removed dead bone; inflammation is going on, and when it subsides I shall operate again. Special attention should be given to keep up the strength and health.

Deep-seated Inflammation.

This man received a violent contusion on his arm. Inflammation followed, and was neglected; matter formed, and the parts became puffy and erysipelatous. It was lanced, and much matter was discharged. It was dressed with linseed meal poultices, saturated with a solution of carbolic acid, and the parts well bandaged. The inflammation is deep-seated and extensive, and will heal slowly, depending on the general health of the patient and the care he receives.

Stricture of the Esophagus.

This man is forty-five years old, in previous good health. A year ago without apparent cause, he found it difficult to swallow solid food. This increased until it was almost impossible to get solid food to the stomach; it would return after passing down a short distance; liquids would pass readily. With a probang I find a narrowing of the esophagus, about one inch above its termination in the stomach. With gentle force I can pass a probang through the stricture. There is no abraded or roughened surfaces, and I shall try mechanical treatment by dilatation—selecting the smaller sized probangs, then larger ones, each day increasing the size, until the contractions are broken down. If this is only temporary it will relieve the patient for a time. He is taking chlorate of potash as a gargle and wash, with general nutritious diet. These cases are unfavorable and uncertain; they may be relieved for a time, but you can not promise a permanent cure.

Non-malignant Recurrent Tumor of the Thigh.

Here is a deaf and dumb man, who came under my care two years ago for a dull, painless tumor at the upper third of the thigh. He was in good health at that time. I removed the tumor and the wound healed rapidly. A few months after he came with a tumor in the same place, the size of a goose egg, covered with distended veins. This I removed as before with good results. He comes to-day with this enormous tumor at the same place, an irregular mass, with bluish veins and a red, angry look; it extends over a larger space than any former one, with a long, flattened base. It is now painful and rapidly compromising his health, and will ulcerate soon if we do not interfere. I shall remove it. [Chloroform was given, and the tumor dissected out, many large vessels requiring ligature.] This tumor is benign and extremely vascular, differing in several points from the others removed. This is the third operation, and the prognosis is unfavorable. This operation is a formidable one, from size and connections and its proximity to large blood vessels and nerves.

Medical Societies.

CINCINNATI ACADEMY OF MEDICINE.

October 23, 1871.

C. G. Comegys, M. D., Pres't, J. W. Hadlock, M. D., Sect'y

[REPORTED BY C. O. WRIGHT, M. D.]

Eczema.

Gentlemen—As chairman of the Section on Skin Disease, I beg leave to present the following report, promising but little, if any original matter, but a summary of views upon the subject of eczema, a disease met with in almost daily practice, and the most common of all skin diseases. I have taken this division by request, on account of the following interesting case:

R. G., æt 55, of lymphatic temperament, habits sedentary, and a generous liver, was attacked some seven years since, with what was termed a pustular disease of the scalp. He placed himself under the care of physicians, and after a very lengthened interval, had the disease suodued to that form called by Wilson pityriasis, from which he suffered until last September. The disease made its appearance upon the arms, trunk and extremities, and became very stubborn. The physicians, as well as the patient, became very much discouraged, and finally, in July last, he fell into my hands. I found upon taking charge of the

patient, an eczematous patch the size of a shilling, just over the right ear, a general scurfiness of the scalp, an eczema squamosum on the trunk, and an eczema rubrum of the legs, associated with a roseola of the thighs. There was extensive infiltration of the skin of the legs, some exudation on the surface, little or no itching. The skin felt thick, was extremely red, with vesicles and pustules dispersed generously over it, and of a bright, glistening appearance. I immediately placed him under treatment, and about the first of September he had improved so much that he was induced to go to the Sulphur Springs, at Delaware. He remained there about ten days, and upon his return, I was surprised to find such an aggravation of his trouble, particularly of the legs; the inflammatory redness and thickening of the skin having wonderfully increased, and the pustules more thickly dispersed; while the œdema was greater than at any time during the past year. I ordered the local application of poultices (although some authorities advise against it). After the active inflammatory symptoms had subsided, I had the limbs thoroughly saturated with carbolic acid, almond oil and glycerine, while internally I administered FOWLER'S solution, in combination with the fluid ex. stillingia, and am very much pleased with the result, and from his appearance am expecting a cure.

I do not purpose at this time to give an extended report upon the subject of eczema, but simply to give the opinions expressed upon some of the points in the above narrated case. To enter into an account of the subject, giving its varieties and divisions, its differential diagnosis and complications, would take up more time than the Academy would be willing to spend.

Eczema has, by most of the modern authorities, been taken as the type of the vesicular diseases. I. L. MILTON claims, however, that in most of the cases it is not a vesicular disease at all. He says he watched cases hour after hour, and although he found vesicles enough, none passed into an eczematous surface. That most of the so-called vesicles were nothing more than minute accumulations of fluid, formed at the junction of the hair with the skin, that neither their course, situation nor form corresponded with those of true vesicles, and that touching them gently with a blunt pointed glass rod, a minute drop of serum will be found adhering to it; and he gives quite an extended article to prove his position, which is that it is purely a papular disease.

WILSON states eczema to be "an inflammation of the skin, accompanied with an alteration of its structure and derangement of its functions; it is more vascular, and consequently redder; its sensibility is morbidly increased; it is thickened by infiltration of serum into its tissues; it exudes serous lymph; its cuticle is sometimes raised into papules, sometimes into vesicles, sometimes wholly removed, and is replaced unhealthily, so as to form muco-purulent secretions and squamæ of various sizes; and is replaced sometimes by crusts of different thickness, resulting from dessication of the morbid secretions." "That it depends upon one of three forms of debility, and has corresponding symptoms." He divides eczema into three stages—a 1st period where we have "redness, heat, swelling papulation and sometimes vesiculation; 2nd period, exudation, incrustation, and sometimes suppuration; and a 3d period, where we have desquamation with redness, and often thickening of the skin.

HEBRA dates our knowledge of eczema from the time of WILLAN, and that authors since then have adopted his names and divisions, and he quotes from RAYER, GIBERT, CHAUSIT, DEVERGIE, CAZEUAVE and numerous others. He takes exceptions to some of the views advanced by WILSON, as being inaccurate, although admiring his work as a whole.

He defines eczema to be a disease of the skin, usually of a chronic course, characterized either by the formation of aggregated papules, and vesicles, or by more or less deeply red patches covered with thin scales, or in other cases by a moist surface, while in any of these forms there may be developed in addition partly yellow and gummy, partly green or brown crusts, accompanied by violent itching, which lead to excoriations. In illustrating his definition, he produces an artificial eczema, which is characterized first by papules and vesicles; next, the formation of red, weeping patches; then the development of pustules and scabs; and lastly, the stage of redness and desquamation.

Dr. BUCHANAN states that "the lesions of eczema at the commencement are *localized maculæ* (erythematodes); the maculæ pass into *papulæ* (eczema papulatum); the papulæ into a *vesicle*, (eczema of WILLAU); the vesicle on giving way into an *excoriation*, (eczema rubrum) or into *pustule* (impetigo.) In the next place the skin becomes infiltrated, while the secretion, if there has been any, dries up; and the whole process terminates with a *desquamation* (eczema squamosum)."

He claims these forms may be assumed from the beginning; or they may follow one another with a regularity more or less complete.

They represent "ideal stages;" but at any of these stages, the disease may be arrested, and may persist; so that they come to express, not stages only, but varieties. The first two stages—grade 1—are dry eruptions—eczema siccum. The next four—grade 2—are moist—eczema humidum. The last two—grade 3—are again dry.

SQUIRES follows the same track, and classifies eczema, as the type of the vesicular diseases. He states that in the acute form, we have the reddened patches, on which are speedily developed vesicles containing clear serum, but they soon subside, becoming re-absorbed or ruptured, and allowed to exude. In the one case we have furfuraceous scales; in the other

thin crusts. His description of eczema rubrum answers distinctly to our case. We think from the evidence here adduced, that eczema is properly classified as a vesicular disease; and that our case, though presenting a variety of forms, was and is a true case of eczema. As the sensibility of the skin, differs in various parts of the body, the eruption will thereby be modified. We had associated with the eczema, an eruption of roseola, and as the eruption had assumed an acute form, "from the inflammatory redness, and swelling of the skin," might have been taken for an erysipelas; but was distinguished from the fact that "in eczema the skin is never stretched and shining, but is œdematous and swollen," and covered with more or less minute vesicles containing either a clear watery secretion, or a yellowish fluid. In chronic eczema we observe an increased secretion of albuminous fluid, and also a marked swelling and thickening of the true skin, so as in many cases to produce a gradual enlargement of the papillæ, and great increase of the connective tissue forming the cutis."

In regard to the enlagement and thickening of the skin in our case, Dr. DAMON, of Boston, says: "Eczema of the leg, especially if the discharge is only moderate in quality, and the disease is of long continuance, may result in serous infiltration, and even hypertrophic thickening of the integument, producing a condition like the Barbadoes leg; but from which the patient may recover under proper hygienic conditions and treatment. After absorption of the newly formed tissue material, these legs still present a condition of the skin which somewhat resembles ichthyosis. Extensive vaso-motor paralysis very often takes place in chronic eczema of the leg, and it is in this stage which constitutes much of the redness in eczema. The redness generally comes on after an abundant escape of the serous fluid, and at the period of encrustation and repair. Masses of epithelium are cemented together by the effused serum, and become dark or black from exposure."

TILBURY FOX says eczema "depends upon perverted innervation, this being capable of directly inducing not only vascular changes, but even changes in the cell elements of the skin; and that the application of soothing remedies in the early congestive stage, acts in two ways—it allays irritation of the nerves directly, hence the value of poultices and fomentations; secondly, it diminishes the congestion, which favors the "discharge" of eczema. The vesiculating process breaks away the cuticle, leaving the *rete*, and it may be the *derma* exposed, and favors the free access of oxygen.

We have now, in as few words as possible, pointed out a few of the main points in our case, and hope during its progress to present others. Not wishing, however, to tire the Academy at this time, we will defer any further remarks.

Dr. CUNDELL JULER said eczema was a cutaneous disease, of which very much had been written in standard works, as well as in the current medical literature; a whole book indeed had been devoted by one author to its consideration.

It deserved a large share of our attention because it was found in both sexes, and in all stages of life, affecting the strong as well as the weak. It might appear on any part of the body, where its exciting cause was in operation, or become the attendant of other skin diseases. The infant in its nurse's arms might be seen with its head covered with an oil-skin cap, its cervical glands enlarged, small patches of eczema disfiguring its pale face, and its temper rendered irascible by the irritation of the scalp, because carelessness had suffered dirt to accumulate around the hair follicles, creating congestion, followed by the appearance of papules, pustules or vesicles, ending finally in catarrhal inflammation of the skin, the vesicles bursting, forming yellowish scales, which crowd one upon the other, constituting a loathsome covering to the scalp. The stalwart bricklayer, grown vigorous in the open air, and browned by the sunshine, appears with his giant hand swathed in linen, disabled for work, because the dust from the bricks and mortar that roughened his skin, has brought out a crop of eczematous vesicles upon his hand.

The restaurateur has so often had sugar in solution brought into contact with the peripheral terminations of the nerves of the hand, that at length they have lost their hold upon the walls of the capillaries; contractility is impaired; passive exudation of serum occasions redness, pain and thickening of the skin, with an effort to relieve this condition, vesicles arise, break into acrid tears, excite uncontrollable itching and harden into scabs; the glove is withdrawn from the hand, the luxury of scratching is indulged in, the parts are torn and bleeding. Trophic nervous debility has been brought about by an occupation that excluded life-giving sunlight and pure air; the nervous system is impressionable to any external influence, the morbid central nerve structure responds to the impression by continuing it on by other routes, till the disease prevails along the fore-arm and trunk, as well as the thighs.

A lady in the full flower of life, accustomed to mend her childrens' torn apparel, approaches as if she had something to hide; drawing off a finger-stall, she submits to your inspection a red, raw, irritable condition of the skin, studded with fiery looking papules, extremely difficult of cure. Tell her it is not scorbutic and you will make her footsteps lighter, and the good word will be received with joy for her childrens' sake; but ere you have succeeded in completely removing this trouble, she inquires whether you are driving the disease to the fingers of the other hand, for she observes an affection exactly like the

disease you have been treating, appearing upon a corresponding part of the unaffected hand—a secondary attack, which you afterward find to be more difficult to combat than the primary invasion.

There are three different ways. I have accustomed myself to believe, in which pathological changes may take place in the skin, primarily due to irritation of the peripheral terminations of nerves:

First, as when vaccine or syphilitic virus, or other irritant is inserted subcutaneously, the afferent nerves having transmitted the impression to the nervous centres, the efferent nerves receive instructions to dislodge the stranger; unseen changes are initiated, till at length a pustule, a point of ulceration, or an abscess appears; having matured and its mission ended, a cicatrix is left to mark the spot where it first had birth.

Secondly, the peripheral terminations of a large number of nerve filaments having been for some time affected, the impression thus made upon the centripetal nerves is borne along to the ganglionic corpuscles, whose processes or fibres communicating in some unknown manner with those proceeding from the nerve corpuscles, from which the vasomotor, nerves supplying the corresponding part of the body, have their origin, is conveyed in the opposite direction to the part affected; thus eczema established upon the hand or a single phalanx, lepra upon the elbow, lichen upon the thigh, or psoriasis over the eyebrow and by the side of the nose, on one side of the body, will in time be followed by a new creation, deriving its birth from the original disease, slowly developing upon the corresponding parts in the opposite hemisphere of the body, and not limiting its growth till it has become similar in appearance, and as wide in extent as the primary affection.

Thirdly.—Where, in a person of a peculiar idiosyncrasy or a predisposition to infection, the peripheral terminations of nerve filaments, supplying internal living membranes, become irritated or affected by improper injesta, as shell-fish, copaiba balsam, cinchona, etc., or by the inspiration of air laden with deleterious properties, when we may not only have efflorescence, papules or pustules, etc upon the skin, passing away in a few days, but also a morbid activity of the nervous system generally. These views, I maintain, are no wild flights of fancy, but are based upon the experiments of physiologists, as well as upon the records of medical practice.

If the thoughts of others awaken no thought in us, then books are a bore and quotations from them a nuisance in this assembly. In attempting to appear learned we are led into a quagmire of so-called authorities, dividing up the disease into numberless varieties, leaving the inexperienced in a slough of despond, without a light to guide him to the shore. While all writers on dematology think that the elementary lesion in eczema is of great importance, they quarrel among themselves as to the true nature of this elementary lesion. Some maintain that it is an erythematous state of the skin, others a fissure, others a papule, others a pustule, others a vesicle, while others assert that it is a blending of several or all of these. The student is asked to remember the differences characterizing eczema erythematodes, eczema rimosum, eczema papulosum, eczema pustulosum, and eczema vesiculosum, while we, observing more or less of these lesions present, learn to diagnose the disease from its general appearance.

The treatment in eczema should be general in its adaptation, as well as local. Let us not follow exclusively the system inculcated by HEBRA, of Vienna, nor that taught by HARDY, of Paris, but in our treatment of a patient, judiciously combine their different methods. We shall be wise in remembering that alimentary affections and diseases of the skin are often vicarious of each other, and thus we shall at once see the necessity of directing our attention primarily to the manner in which the excretory organs are performing their functions. Here much might be said, but I have time only to remark, that irritation of the nerves of the lining membrane of the bowels is not only a great source of skin eruptions, but the irritation continuing may give rise to other nervous phenomena, leading presently (as Dr. MITCHELL, of Scotland, has shown) to insanity. Therefore nature, in her efforts to get rid of this morbid nervous condition, should never have her work upon the skin thrown back upon her, to find a vent in a less harmless fashion; but if the damage to the skin is not likely to be too excessive, by encouraging cuticular manifestation, as might be in variola, it should be nursed upon the surface and cured just where it is, whether it be of the nature of eczema, herpes, pmephigus, syphilis or what not.

Thus, while we should remove every source of internal irritation and advise a diet of a simple and nutritious kind, we should at the same time protect the cuticle from the chafing of flannel or the alternations of heat and cold, as from the drawing-room to the open air, avoiding exposure to the scorching sunshine, as well as to the biting, piercing winds of winter. Any itching of the surface must be allayed by suitable baths or unguents. In eczema, where the cuticle is often broken, cracked and poisoned, the access of oxygen would hurry on the inflammatory changes. Patients find this out without waiting to be told, and hence eczematous disease has to be uncovered before being submitted to our inspection. Here in the local treatment, soothing applications, as poultices, water dressings, etc., are imperatively demanded. The weakened capillaries will recover their lost power more quickly under this treatment than by being rubbed into temporary energy and contractility by HEBRA'S soap treatment. Thus let the body

and mind be placed in a state of health, tha there may be no morbid source of reflex action irritating the part from within, and see that externally the inflamed surface is kept free of rancid ointments, caked powders, stale poultices, as well as dried discharges. When, however, the disease has passed from the acute to the chronic condition, the general health suffering thereby, administer tonics or alteratives, as cinchona or arsenic, and relieve the surcharged blood vessels, which give rise to redness, pain and swelling, by the free application of leeches to the affected part. Where, however, the system has become accustomed to this local condition, as in eczema intertrigo, we have to insist upon the skin assuming a new condition of life. For ten years, perhaps, small pustules have appeared in indolent succession slowly discharging their contents upon a membrane, of many hues. Small islets of scales speckle its surface, and the intensely sensitive derma denuded of its epithelial covering by transmitting the irritation to the brain, gives rise to an irascibility of temper that few like to encounter.

Acetum cantharides made of the glacial acetic acid, among other things, is recommended for external application; but my remedy is, smearing the part every alternate morning with the pure carbolic acid—but here, where the deep vessels are seriously involved, we may hasten the cure by resorting to a modification of VOLKMANN'S stabbing and slashing process, as practised in cases of lupus exedens. When the parts have become enlivened, and the senses have been notified of the foul stain that marks the outer wall of their beautiful homestead, then the application of leeches and soothing remedies may be needed to control the activity that is awakened to restore the skin to its pristine condition. By the mere application of the principles of medicine, we may succeed in subduing many forms of skin disease, whether depending on perverted innervation, paresis of the nerves supplying the blood vessels or on hyperæmia and stasis in the capillaries of the papillary layer of the skin, or in changes in the fibrocellular tissue, or congestion of follicles, gland sacs, etc., or in serious alterations in deep-seated vessels. But while keeping the surface of the body warm, sometimes with a covering of woolen material, we should also apply, besides poultices, water dressings and pomades, or a form of absorbing astringent or simple powder. Of course, there are many cases of skin diseases, when the system having been duly prepared, certain drugs may be brought into use and prove highly beneficial. When some special drug is indicated it should be given *uncombined*.

I protest against the practice of that physician who writes down upon his prescription all the medicines he may chance to remember, with the vague hope that the disease will see proper to make its own selection. Here it is necessary that I should say, we have no specific in medicine for any form of skin derangement: Indeed we have no medicine that can be called a specific for any disease. The man who pretends that he has discovered one, is merely a vulgar-minded, heartless cundurangist, who has self-interest to serve and no honor to sacrifice. There is, however, such a demand for specifics in this practical age; it is so pleasant to think, that when our beautiful piece of mechanism has been unduly strained by a long course of dissipation or overwork, that some new discovery will give to it a renewal of life; so pleasing to the trifling student as well as to the self-indulgent practitioner, to imagine that some day he may stumble upon the elixir of life, becoming thus immortalized in fame's proud temple, that it cannot be too often or too forcibly impressed upon the minds of students, that we have not, nor ever shall have a medicine that can at once rectify the clear results of warnings neglected, offenses committed, or of exposure to causes that are known to engender diseases.

If the contrary were true, it would be as well to revive the custom prevailing among the ancient Greeks, who, in your able translation, Mr. President, of RENOUARD'S "History of Medicine," are represented as having to station themselves in the streets, after having recovered from sickness, that those who thought themselves similarly affected might apply the same remedy in the cure of their own maladies. Yet, by many, arsenic has been vaunted as a specific in these disorders. I have seen some hundreds of cases treated by Mr. HUNT by this orthodox remedy alone. There are many medicines that act, at times, upon the system as by magic, as well as arsenic or quinine; yet, they are not called specifics. Therefore, when a writer reports a case treated successfully with arsenic, it would be better to name the indications demanding its exhibition and the conditions observed while it was exercising its influence upon the system. If I wanted arsenic as an alterative, I should give it in small doses, in the form of FOWLER'S solution, or DEVALANGIN'S; but if I required it to diminish congestion, by exercising a tonic effect upon the nerves, supplying the walls of the capillaries, I would commence by giving large doses of the drug, till having established its toxical influence upon the system, maintain the creamy tongue or injected conjunctival, till the disease was cured.

To illustrate: In the case of the child with chronic eczema of the scalp, I would, after due preparation, give MARVIN'S cod-liver oil, as an element of food, to be followed by suitable doses of Fowler's solution, with the view of its re-energizing the trophic nerves, rousing the capillaries of the scalp to assume their normal functions. In the instance of the bricklayer, an arterial sedative would be given, in the form of minute, frequently repeated doses of vinum antimonii.

To the retaurateur, who most likely would have cold extremities, an unhappy stomach

and lithates in his urine, I would administer the liquor ammoniæ acetatis, in teaspoonful doses every four hours. As in the case of the lady, so also in the case of eczema intertrigo, FOWLER'S solution would be given throughout the day, while the general disturbance to the nervous system, sometimes observed, would be overcome by the administration of sedatives at bed time. When the acarus scabiei and its destroyer, sulphur, become the source of eczema, we should treat it in the same manner as impetigo following eczema, with soothing applications externally, and quinine administered as a medicine.

THE VIRGINIA STATE MEDICAL SOCIETY.

[REPORTED BY FRED. K. HORNER, JR., M. D.]

The annual meeting of this society was held at Lynchburg, Wednesday, October 18th, the President, R. S. PAYNE, M. D., in the chair. Prayer was offered by Rev. Mr. EDWARDS.

Dr. M. P. CHRISTIAN, of the Lynchburg Medical Association, delivered an address of welcome to the society, in a chaste and appropriate manner. He said: "For the first time in our history has our city been honored by the meeting of such a body, and we have been permitted to manifest our high appreciation of every effort made for the advancement of medical science and for the development of that unity of sentiment, which, despite the popular reproach to the contrary, constitutes one of the distinguishing marks of the medical profession. In the past decade what great changes have taken place in the doctrines of the profession, what advances in the treatment of disease, what increased knowledge of physiology and pathology of the nervous system and the zymotic theory; and, I may add, what wonderful improvements in the department of operative surgery. Much of this progress has been due to the systematic combination of those of similar pursuits, as the records of the scientific societies of France and Great Britain clearly show. In addition to these, which are the special objects of our society, there is another scarcely less potent for good. I refer to the amity and fellowship which flow from the personal intercourse and the interchange of courtesies among its members at these annual meetings."

The report of the Committee on Address to the Medical Profession of Virginia, was received. 2. Report on medical bill before the State Legislature. Dr. Gillespie added that Judge Watson, of Albemarle, has decided that medical fees are included, under the "Homestead Act," among labor fees. 3. Report of delegate appointed to attend the American Medical Association.

Letters were read from Professors Jones, of New Orleans, and Sharpey, of the Royal Society of London, and Dr. Harris. The proposition of the latter gentleman, to exchange, with the College of Physicians of Philadelphia, on the results of the Cæsarian operation in the Southern States, was accepted.

The society met in the evening, at 7 o'clock, to hear the address of the President, Dr. Payne. He urged upon the members a more thorough organization; that the authorized committee to memorialize the legislature to appoint a board of health should act without delay, and that the profession should discourage the adulteration of drugs, now so common in the United States.

The several reports of the Secretaries, Treasurer, and of the Committee on Publication, and Board of Examiners, were then read and adopted.

A salary of one hundred dollars per annum was voted to the Recording Secretary; and, on the recommendation of the Committee on Publication, a liberal support of a quarterly journal published in the South was agreed to.

Second Day, October 19, 1871.

The society was called to order by the President. The meeting was opened with prayer by Rev. Mr. Edwards.

According to the roll call the society has 205 members.

The election of officers took place with the following result:

President, Dr. A. M. FAUNTLEROY, of Staunton.

1st Vice President, Dr. J. B. MCCAW, of Richmond.

2d Vice President, Professor J. S. DAVIS, University of Virginia.

Recording Secretary, Dr. L. B. EDWARDS

Corresponding Secretary, Dr. F. D. CUNNINGHAM.

Treasurer, Dr. R. S. HAMILTON.

Dr. A. G. Tebault, Princess Ann county, Virginia, read an interesting report on epidemic malarial fever of the tide water district.

Dr. J. H. Claiborne, essayist, had forwarded to the Secretary an admirable paper on dysmenorrhœa, in which he commends in strong terms the use of mercury in the form of blue mass as an alterative, glycerine locally, and absolute rest in bed for the cure of this painful disorder.

Dr. Fauntleroy from the committee to report on epidemics, in the Valley of the Shenandoah, made a verbal report on the subject of typhoid fever. During the discussion of the subject, Drs. Payne and Horner referred to the cattle and hog typhus so fatal in the same district as likely to cause disease in the human species in the case of persons who eat of the infected meat of these animals.

An essayist on "Alcoholism" was appointed to report at the next annual meeting—Dr. Horner, Chairman.

Night Session.

The society met pursuant to adjournment, and adjourned to meet next year at Staunton, Virginia.

EDITORIAL DEPARTMENT.

PERISCOPE.

Saccharated Tar, or Soluble Vegetable Tar.

Mr. M. A. ROSSIN, in an article quoted in the *Pharmaceutical Journal*, says:

The value of vegetable tar as a therapeutic agent is generally recognized, but hitherto, in consequence of the small extent to which it is soluble in water, its use has been limited. Many attempts have been made to secure a greater solubility, but this has only been obtained by the employment of alkalis—that is to say, by saponification. But saponification undoubtedly modifies the elements of the tar, and partly destroys its curative properties.

According to M. ADRIAN, "these preparations do not correspond by their chemical composition to the therapeutic properties that are expected in them," and he states that he has found alkalis, as well as acids, to modify the resinous qualities that are the basis of the medicament.

Dr. JEANNEL has expressed a similar opinion. He says it is necessary that the tar should be emulsed by a neutral substance, since by so doing all the natural properties of the tar would be preserved.

Impressed with the correctness of this idea, M. Rossin sought to adapt to vegetable tar the same process by which he was able, on a former occasion to form an emulsion with balm of copaiba. At that time he proposed to use sugar for facilitating the emulsion of copaiba in water, and as a corrective of the repulsive taste of that substance. Sugar being a neutral substance, without any chemical action capable of modifying the composition or curative properties of medical substances; and daily associated without hesitation with all kinds of remedies.

After several attempts this problem was resolved, and a complete solution of the vegetable tar in water obtained. The emulsion of tar was effected by triturating in a porcelain mortar, so as to obtain a homogeneous paste, purified tar, powdered sugar and powder of gum arabic. A small quantity of water was added to obtain an emulsion; it was then left to stand, and afterward decanted. This saccharated emulsion had not the repulsive odor of the emulsion prepared with an alkali; it possessed the odor of tar, and a taste neither sharp nor bitter. It was miscible with water in all proportions, so that, by estimating the quantity of tar present, a solution might be prepared instantaneously, containing any required quantity of the active principle.

But the liquid form of the medicament presenting many and serious inconveniences, it appeared to M. Roussin that the pulverulent form, with all its practical advantages, would be very desirable. He therefore pursued his researches until he succeeded in obtaining a saccharate. as a yellow powder, only differing from sugar in appearance by its color, and exhaling the balsamic odor of tar. This preparation constitutes a remedy essentially new in form, and appears to be the real and complete solution of the problem of Dr. Jeannel.

The saccharate of tar is constant in its composition. It contains 4 per cent. of purified vegetable tar. A teaspoonful (5 grammes) thus represents 20 centigrammes of tar, and will suffice for the preparation of a litre of water.

According to M. BOUCHARDAT, 30 grammes of tar-water contain nearly 1 centigramme of the principles of the tar in solution. This would be nearly 30 centigrammes to the litre. SOUBERIAN says that the proportion of matter dissolved in tar-water is so small that 100 grammes do not contain 4 centigrammes (less than 40 centigrammes the litre), and that patients can scarcely support the tar-water unless it be diluted.

The irritation of the stomach often provoked by the tar water of the Codex is prevented by the saccharate; the proportion being but 4 per cent., the acridity of the tar is covered. Another advantage, not less important, due to its pulverulent form, is that it avoids the necessity of swallowing a large quantity of liquid, since a glass of water is sufficient to dissolve several teaspoonfuls. The physician can thus augment the quantity of tar according to the necessities of the patient.

The pulverulent form has another valuable advantage. Patients who are unable to overcome the repugnance the odor and taste of tar often provoke, may enjoy the benefits of this therapeutic agent, by making up the saccharate into a pill with unleavened bread.

GAY, speaking of the acridity and repulsive taste of oil of tar, recommended that it should be sweetened "in order to mask its flavor and its odor." Sugar, as I have said, does not alter the therapeutic properties, but modifies its organic properties and facilitates its absorption. While retaining the odor and taste of the remedy, the saccharate so disguises them that the most delicate stomachs can bear it without repugnance.

The saccharate of tar is not the result of a chemical reaction; it is a simple mixture, each of the elements of which retain intact its composition and its properties. Constant in its composition, it will furnish solutions really and mathematically entitled to the name, being able to fulfill all the conditions necessary for mixtures, gargles, injections,

etc., and enabling the physician to give his patient such quantity of tar as he may deem necessary.

Common Salt as an Antiperiodic.

As a succedaneum for quinine, Dr. PIOCH has found the chloride of sodium extremely useful in curing African intermittents. Given by itself, it was occasionally perfectly successful. In some cases a slight return was perceived for three or four days, which yielded, however, to a continuance of the treatment in a few—three or four—days. Others who thought themselves cured after two doses, had a less obstinate relapse about eight days afterward. In a few the attack changed its hour of return, and became gradually feebler before finally disappearing. Those who combined the saline treatment with quinine were rapidly cured, even a grain or two of quinine proving sufficient for this, especially if the quinine were administered seven hours before the access, and the salt one or two hours after the commencement of sweating. The dose of salt is ten grammes (154 grs.) given in half a wineglassful of water. More water causes the salt to purge, and deprives it of its antiperiodic power. Dr. P. thinks that the salt acts best in large crystals, and when not pulverized previously. Any co-existing gastric disorder, with or without diarrhœa, must be first removed by a purge. Two doses of ten grammes of the chloride of sodium must be given every day till the desired effect is produced; the first, seven or eight hours previous to the expected access, the second immediately after the pyrexia, if that has not been prevented. Such doses may be continued for three or four days without any physiological inconvenience.

Certain Points Relative to Generation.

Dr. F. J. BROWN writes to the *British Medical Journal*:

It is well known that by cultivation the floral envelopes of plants may be changed in form and function—single flowers becoming double or infertile monsters. Similarly the floral envelopes of a human female become changed, and infertility is usually found to prevail. The labia majora represent the calyx in two segments, and the labia minora and clitoris the corolla in three segments. The os uteri is equivalent to the base of the pistil (this organ having been cut off). Lock wards present numerous instances of misshapen hypertrophy of the clitoris and labia minora, resembling the changes in the floral envelopes of plants. Infertility is caused not only by over-culture of the generative function, but also by luxurious habits; the individual being cultivated and developed rather than the race.

Another curious subject is the attractiveness of the floral envelopes of plants. Insects aid in the fructification of the vegetable kingdom whilst they enrich themselves with its spoils; but I have never read any explanation of the fact that women delight themselves with flowers to a much greater degree than men as a general rule. I imagine that there are sympathies aroused in women, and that love and beauty are developed and intensified by the form, color, and scent of flowers. The power of scent over the generative function is well known in animals, and the most energetic scents (castor and musk) are procured from animals. Women are sometimes rendered hysterical by powerful scents. The subject deserves study.

There is parallelism betwixt the generative function of plants and animals in the secrecy of generation. Germination occurs in the dark, whilst animals are entombed in some secret place in the womb during development. Wild animals generate in secrecy; and man does the same, showing shame at generation. Secrecy obtains in both the vegetable and animal kingdom, and shame, as well as secrecy, in the higher animals, including man. To this rule there are exceptions. Domesticity alters this characteristic in some degree, and many individuals, and some tribes, exhibit shamelessness. All the mental traits of the animal world are developed in man more or less perfectly, rendering one man different from another, and one race the contrast of another race. This is true in matters of generation, as well as on other points; and we find one man happy with one mate, like the dove; whilst another man, like the peacock, requires many wives. Again, one man makes a good parental nurse, like the stickleback; whilst another, like the hart, would injure his offspring, if they were not removed from his company (as occurs with the hind and her young).

Temperature in Wounds.

M. DEMARQUAY, at one of the recent sittings of the Academy of Sciences, read a paper on the "Modifications of the Temperature caused by Severe Wounds." It is founded upon thermometrical observations carefully made on forty-eight persons suffering from severe wounds in Paris, during April and May. The first category of these relates to thirty-eight cases in which the wounds were caused by fragments of shells or by balls, there being always a more or less severe lesion of the bones or joints, sometimes a portion of one or of both limbs being carried away. In all these cases there was found a diminution of temperature from one to several degrees Centigrade. The lowest points reached were from 35° to 34° C., death usually occurring before the thermometer had descended to 35°. The subjects were between 20 and 50 years of age; but, all things being otherwise alike, the same results were not always observed in wounds apparently of a similar gravity. The diminution of temperature was more considerable in men of 40 than in those of 20 years of

age. The wounded men in which the lowest temperatures were recognized, were those who had been accustomed to the immoderate use of alcohol. All those in whom the thermometer descended to 35° died, whether they were operated upon or not, no reaction following the operation in these cases.

A second category related to six cases of penetrating wounds of the abdomen; and in these death took place rapidly, the thermometer quickly descending to 35° or 34° C. In a paper formerly read to the Academy, M. DEMARQUAY, describing the fall of the temperature, which was produced by ligature of a noose of intestine, attributed this to the strangulation of the noose by the wound. But in the present cases the depression of temperature occurred independently of any compression of the intestines whatever, and was entirely due to the severity of the wound.

In a third category of cases, M. DEMARQUAY demonstrated the truth of a fact which he, as well as Prof. BILLROTH, had already made known—that severe and somewhat extensive burns are attended, as a general rule, with a considerable diminution of temperature.

The Formation of Pyocyanine.

In the *Medical Times and Gazette*, Dr. J. FAYRER has an article on this coloring matter of pus:

It has occasionally been noticed that pus formed on granulating surfaces has a bluish or greenish-blue tinge, and the coloration has generally been attributed to the presence of a modification of the green coloring matter of the bile, or of the bluish ingredients sometimes found in the urine.

Dr. GIBB, in the *British American Journal of Science* (new series, vol. vi., p. 201), relates a case in which a purulent discharge of this color was observed in a diseased female breast. The coloring matter is said to have been due to cyanide of iron (HOLMES'S "Surgery," 2d edition, vol. i., p. 119). M. FORDOS, however, says that the coloring matter has no connection either with the bile or urine. By a chemical process, which consists of soaking the linen stained with the pus in water containing a small quantity of solution of ammonia, a bluish-tinted or green-tinted liquid is obtained. Chloroform added to this, and the blue principle, with a yellowish foreign matter producing the green tint, is extracted from the water. By a further process the blue principle is obtained in prismatic crystals of a beautiful blue color. This principle M. FORDOS calls pyocyanine ("Year-book of Medicine and Surgery," Sydenham Society, 1861, p. p. 112 and 113).

It has generally, I believe, been observed in cachectic individuals, and examples have occasionally come under my observation in this hospital.

The following case being a marked one, occurring in an European female in moderately good health, though somewhat anæmic from malarious influences, is worthy of record: Mrs. W., English, aged 36, stout, of light complexion, and rather anæmic, was admitted on February 6, 1871, into the Medical College Hospital, suffering from two indolent ulcers on the right leg, just above the ankle. The ulcers were of several months' duration, and were ascribed to abrasions. Want of proper care on her part appears to have caused them to assume the indolent condition in which they were found. The surrounding parts were indurated from inflammatory products and textural irritation. Tinct. ferri sesquichlorid. was prescribed, and good diet and wine; water dressing was applied, and the limb placed at rest on a side-splint.

After some days the liquor lyttæ was applied, with the view of removing the thickening of the tissues surrounding the ulcers, and of expediting absorption. The water dressing was also continued. Considerable improvement was effected; but again assuming the indolent condition, ol. terebinth. ♏xx. was given thrice daily. The result was an increase in action, and it was observed that the pus which now covered the surface of the ulcers stained the dressings of a bluish-green color. This continued in a most marked manner for several days. The turpentine was discontinued, as her stomach became irritable, and sulphate of zinc lotion was applied like water dressing. Granulation was now proceeding, and the surface contracting, but the progress was slow, and by the middle of March the ulcers were still uncicatrized. About this time a cold abscess formed on the outer aspect of the right knee, which resulted in a sore very like those on the leg.

During April her general health was considerably deranged, and, as suspicions of a constitutional taint were entertained, the iodide of potassium was administered. Her general health improved again; but the sores having relapsed into the indolent state, the liquor lyttæ was again applied, with water dressing after it had taken effect. On May 16th the discharge, which had for some time been quite natural, again assumed the bluish-green tinge, and it continued so for a week, when it disappeared, the natural appearance of laudable pus was assumed. Cicatrization was soon after this completed, and she was discharged in very fair health.

There was no reason to believe that the coloration was caused by any external application, for the greatest care was taken to prevent any deception.

Stinging Plants.

The *Pharmaceutical Journal* remarks that although poisonous properties prevail to a great extent throughout the *Euphorbiaceæ*, many of the plants are highly valuable both for food and medicine; the seeds of many of them abound in oil more or less acrid and purging,

as *Ricinus communis* and *Curcas purgans* for instance; some have the disagreeable habit of their relatives, the nettles, and are armed with powerful stings. An interesting genus on this account is *Cnidoscolus*, two species of which are formidable enemies to come in contact with. *C. quinquelobus*, better known perhaps as *Jatropha urens*, is one of these. It is a native of South America and has been in cultivation in hot-houses in this country, but the effects of its sting are so dreadful that collectors and gardeners have a wholesome dislike to it. The first sensation of a sting from this plant is a numbness, often accompanied by swelling of the lips; it frequently impedes the circulation, and in some persons produces unconsciousness for a length of time. The pain is very severe and lasts for some days. It is said that the part touched by the sting remains swollen for a length of time, accompanied by a constant itching. Another species (*C. stimulans*), a native of the Southern States of North America, has palmately lobed leaves from four to six or eight inches long, covered with long stinging hairs. The plant has received the name of "Tread-softly," on account of the stinging hairs causing much pain to the bare feet of negroes who walk inadvertently amongst the plants. The roots are said to be nutritious and are used for food.

Pus and Pus Corpuscles.

The *Times and Gazette* remarks that two highly interesting memoirs on the chemical composition of pus corpuscles, and on the chemical composition of pus, by Drs. MIESCHER and HOPPE-SEYLER respectively, have recently been published (Hoppe-Seyler's *Med. Chem. Untersuch.*, 1871, pp. 441 486); indeed, Prof. Hoppe-Seyler—no mean authority — regards Miescher's researches as the most important contribution that has been made of late years to the chemistry of pus. We propose to briefly summarize the results arrived at for the benefit of our readers.

Miescher, in order to obtain pus corpuscles free from serum, treated pus and fabrics impregnated by it with saline solutions of appropriate density. In these liquids the pus corpuscles sink to the bottom of the fluid, and may be obtained tolerably pure by repeated washings. Attention was first directed to the albuminoids of the protoplasm.

Pus corpuscles are mainly composed of albuminoids, and, when treated with a solution of common salt, they are converted into a viscid gelatinous mass—a change dependent, as Rovida has shown, on the formation of a ring of hyaline substance around each corpuscle; but this is not due to myosin, for Miescher could obtain no reaction for this body. Five albuminoids were obtained, agreeing (in number, at least) with the five different albuminoids found by Kühne in muscle. These were—alkaline albuminate, undetermined whether kept in solution by alkaline phosphate or not; an albuminoid coagulable at 118° to 120° Fahr., which was not merely albumen dissolved in alkaline phosphate; an albuminoid coagulable at the temperature at which ordinary serum-albumen coagulates; Rovida's hyaline substance; and a fifth albuminoid, the reactions of which need not be described here. Miescher was unable to detect paralbumen, though he does not deny its presence. The alcoholic extract of the globules was only investigated for lecithin and cerebrin, both of which were found to be present, the former in abundance. No glutin or chondrin was found in the watery extract, nor in the serum of pus.

It must be understood that a mixture of lecithin and cerebrin forms the substance to which Liebreich assigned the name "protagon," a highly phosphorized material, for lecithin leaves, on incineration, produce an ash very rich in phosphoric acid. But Miescher has also demonstrated the presence of another phosphorized substance in the nuclei of pus corpuscles, to which he has assigned the name *nuclein;* and he surmises that this body, on account of its phosphorous, plays an important part in cell-growth, and in the genesis of the cell albuminoids and their derivatives. Nuclein closely resembles mucin, but is richer in phosphorous, and it appears to exist performed in the corpuscles.

With reference to the questions of the origin of pus corpuscles, their identity with the white blood globules and lymph corpuscles, and their ultimate fate, Hoppe-Seyler's results are remarkably interesting. Since living white blood corpuscles cnanot be obtained from the blood in quantity sufficient for chemical analysis, and the spleen, although furnishing them abundantly, contains cerebirn and glycogen (both of which it is necessary to exclude), a novel expedient was adopted. Fresh crystalline lenses from the ox were introduced into the abdominal cavity of dogs, and, as was expected, the lenses became infiltrated with lymph corpuscles. The presence of glycogen was proved most clearly in the lenses at the period corresponding to the greatest number of active lymph cells; hence the conclusion that the glycogen comes from these. If, however, the lenses were allowed to stand till the corpuscles became rigid, sugar was found, but no glycogen. Since no glycogen was detected in the pus from inflammatory abscesses and wounds, its occurrence is a means of distinguishing lymp cells from pus corpuscles, although these have their origin in the former.

The History of Galangal.

A writer in the *Pharmaceutical Journal* sums up the history of this drug as follows:

1. Galangal was noticed by the Arab geographer, Ibn Khurdádbah, in the ninth century, as a production of the region which exports musk, camphor and aloeswood.

2. It was used by the Arabians and later Greek physicians, and was known in Northern Europe in the twelfth century.

3. It was imported during the thirteenth century with other Eastern spices by way of Aden, the Red Sea, and Egypt, to Akka, in Syria, whence it was carried to other ports of the Mediterranean.

4. Two forms of the drug were noticed by Garcia d'Orta in 1563; these are still found in commerce, and are derived respectively from *Alpinia galanga*, Willd., and *A. officinarum*, Hance.

5. Galangal is still used throughout Europe, but is consumed most largely in Russia. It is also used in India, and is shipped to ports in the Persian Gulf and Red Sea.

Prussian Army Medical Department in the late War.

Sir RANDAL H. ROBERTS, Bart., in his recently published book, "Modern War, or the Campaigns of the First Prussian Army, 1870-71," says, "Perfect, however, as the organization of the Prussian army is in most respects, one portion seems to require a most thorough remodelling. I refer to the Medical Department. As it was in our service, so it is here: many an officer would rather endure pain and suffering than send for his regimental persecutor." The passage concludes thus: "It is true that during the war many eminent medical men from Berlin and all the German towns flocked to assist their country; but I am sorry to say that the want of good and efficient medical men, was deeply and fearfully felt." Sir R. Roberts went out at the commencement of the war as special military correspondent to the *Daily Telegraph*, and followed the fortunes of the first Prussian army from the beginning to the end. His book, therefore, contains an eye-witness's account.

Reviews and Book Notices.

NOTES ON BOOKS.

There is a periodical styled the "*Medical Temperance Journal*," published in London, of which the October number has appeared. It contains an article on cholera, by DR. EDMUNDS, which originally appeared in the *Medical Press*, copied in full, principally, we opine, because the treatment pursued by the author was in direct opposition to the usually adopted methods of alcoholic stimulation. The number also contains various articles, original and extracted. The advocates of total abstinence may congratulate themselves upon the possession of so excellent an organ of opinion.

The newspaper laws of France are more onerous than ever. The *Union Médicale* of Sept. 2d, states that it has just deposited at the Ministry of Finance the sum of 18,000 francs (£720) as security-money required by the new law to be paid by all periodicals appearing more than once a week. It falls rather hard upon our contemporary and upon the *Gazette des Hôpitaux* to have to pay this sum for the circumstance of being published three times a week, while their rivals, the *Gazettes Médicale* and *Hebdomadaire*, treating precisely of the same matters, are exempt.

Professor PREYER, of Jena, has just published a very elaborate and assuredly most useful book on the "Blood-crystals." It contains all that can be said about them, both crystallographically, zoologically, physiologically, physically, chemically, and historically. Two most beautiful plates of a vast number of absorption spectra are given, besides one of various blood-crystals. The book is indispensable to those who are working at the absorption spectra of blood and blood-derivatives.

Dr. FRESENIUS publishes in the *Zeitschrift für Analytische Chemie*, for 1871, a somewhat severe reflection on modern chemists for their almost entire neglect of analytical investigation.

As early as possible in the year 1872, will be commenced the publication of a bi-monthly medical journal, under the title of VERMONT MEDICAL JOURNAL, published by J. M. CURRIER, M. D., at McIndoe's Falls, Vermont. It will be conducted by the ablest physicians in the State. It is designed to make the work *entirely original*, embracing Original Articles, Reports of County and District Medical Societies, Hospitals and Clinical Reports. Price of the volume of 400 pages, $5.00. in advance.

——The *Wien Med. Presse* says that Cundurango has long been known to botanists, as reported by Dr. Scherzer, as from the family Synatheria. It is used, in Guaco, in infusion or extract of the leaves, for snake-bites, hydrophobia and cholera.

——The sales of liquors in the United States during the fiscal year ending June 30th, 1871, it has been calculated by Edward Young, the Chief of the Bureau of Statistics, amounted to six hundred millions of dollars.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 18, 1871.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE REPORTER---1872.

We have everything to encourage us to begin the year 1872 with **energy** and a determination to make the MEDICAL AND SURGICAL REPORTER *a better journal than ever*. The past has been by far the **best year** it has ever known. Its **circulation** has steadily increased, and is increasing. We have every reason to believe that we shall add **one thousand new subscribers** to our list in the next three months, **outside** of the direct efforts of our present subscribers. ☞Let *them* exert themselves and **our list will be doubled in that time**. Come, friends, try it now, and benefit yourselves and the cause of medicine by strenghening our hands! Always get the $5 in advance and then retain one dollar cash for every annual payment from *new subscribers you send*, or order $1.25 worth from our office in books, instruments, etc. *If you work for us we want to pay you for it.* Five new subscribers will pay your own subscription, or get you $6 worth of books, etc. Our present subscribers are the best agents we can have, for they know the worth of the REPORTER. Now, be active in the next four weeks—and let us start the new year with a **rousing list of new subscribers!!**

But no picture is perfect without shades! A good many subscribers—some of them personal friends of long standing—are owing small amounts for subscriptions, which aggregate a very large amount. To them we commend the inclosed special notice.

ANIMAL MECHANICS, AND THEIR RELATION TO ART AND THOUGHT.

We have before referred to the novel and suggestive department of Anatomy which is being cultivated with signal originality and success by the Rev. S. HAUGHTON, M. D., and have shown how intimately certain deductions, at which he arrives, concerns arguments in relation to te'eo'gy. (See REPORTER current volume, p. 216)

His lectures on the principle of "Least Action in Nature," deserve careful perusal, even by those who are not anatomists. They contain many points of interest in animal mechanics, expressed in a very lively and attractive manner. His experiments show that 94-7 lbs. per square inch of sectional area is the weight that the arms of a young man accustomed to athletic exercise are capable of lifting. 110-4 lbs. is the corresponding coefficient for the muscles of the legs of a similar class, and 107 lbs. for the muscles of the abdomen. He takes 104 as the result. He describes the different forms of muscles, dividing them into the prismatic, the pinnaform, the triangular, and the quadrilateral, and gives estimates of the amount of friction experienced by different tendons of various animals at several joints. The last lecture is occupied with the consideration of the heart. He finds that the contracting muscle, a single ounce in weight, of the human heart, will lift 20-576 lbs. through the height of one foot in a minute. He finds the coefficient of capillary resistance varies in different animals being in the sheep, $\frac{1}{18.6}$; the dog, $\frac{1}{19.6}$; the horse, $\frac{1}{39.3}$; the ox, $\frac{1}{39.8}$.

This same principle of least action has been evoked by Professor MILLER, of Berlin, to explain the physiological origin of the sense of the beautiful in form. He bases upon it the æsthetic fact that curved lines are always more pleasing to the eye than right lines, and are therefore essential to beauty of outline in architecture, statuary, etc.

He calls attention to the well known fact that the eye is moved in its socket by six

muscles, of which four are respectively employed to raise, depress, turn to the right and to the left. The other two have an action contrary to one another, and roll the eye on its axis, or from the outside downward and inside upward. When an object is presented for inspection, the first act is that of circumvision, or going round the boundary lines, so as to bring consecutively every individual portion of the circumference upon the most delicate and sensitive portion of the retina. Now, if figures bounded by straight lines be presented for inspection, it is obvious that but two of these muscles can be called into action; and it is equally evident that in curves of a circle or ellipse all must alternately be brought into action. The effect then is, that if two only be employed, as in rectilinear figures, those two have an undue share of labor; and by repeating the experiment frequently, as we do in childhood, the notion of tedium is instilled, and we form gradually a distaste for straight lines, and are led to prefer those curves which supply a more general and equable share of work to the muscles, and can be followed by the *least action* of the parts called in use.

The "line of beauty" of HOGARTH, corresponds, in all probability, to the line of least action of the ophthalmic muscles, its double curve relieving any approach to undue tension. We should much like to see this point investigated by such a skilled mathematician as the Rev. Mr. HAUGHTON, as it would settle beyond peradventure, a most important nt in the physiology of the æsthetic sense.

Notes and Comments.

Compressed Air in the Lungs.

M. GREHANT has made a series of experiments "On the Arrest of the Circulation of Blood consequent on the *Introduction of Compressed Air* into the Lungs." As long ago as 1855 Poiseulle established the fact that inspiration impedes the pulmonary circulation, while expiration favors it, and that in inflated lungs the injected capillaries are of smaller diameter than in those organs when non-inflated. Recently M. Grehant, while measuring the pressure of the blood of the femoral artery of a dog poisoned with curari, and in which artificial respiration was kept up, observed that if he worked the bellows with extra force the arterial pressure was diminished by one-half. This rough experiment, together with his knowledge of what Poiseulle had previously ascertained, led him to a further investigation of the subject.

In a dog in its natural condition, the pressure of the blood of the femoral artery was registered on M. Marey's revolving cylinder as equal to 12 centimetres of mercury. Through a tube fixed on its trachea, air at a pressure of 15 centimetres was forced into the lungs, when the arterial pressure fell to 3 centimetres, and the tracing showed that the blood-waves gradually diminished and finally disappeared. In a second experiment the inflated air was submitted to a pressure of 6 centimetres of mercury, and arterial pressure fell from 12 to 5 centimetres.

Similar experiments, with analogous results, were made on rabbits. In one case, when the inflated air was at a pressure of 4·2 centimetres of mercury the carotoid pressure fell from 13·8 centimetres to 2·6 centimetres. Division of the peneumo-gastric nerves did not exercise any influence on these phenomena.

M. Grehant describes two perfectly distinct experiments by which he directly proves that the compressed air arrests the pulmonary circulation. We give the second, as it is the one capable of being most briefly described. The blood yielded by an animal dying from hæmorrhage is defibrinated, and the thorax being opened and two glass canulas inserted into the pulmonary artery and the left auricle respectively, the circulation is artificially maintained through the lungs under a constant pressure of 5 centimetres of mercury. As soon as the lungs are inflated the blood ceases to flow into the left auricle, but comes again abundantly when the insufflation ceases.

Extreme Temperatures Consistent with Life.

Dr. F. CRACE CALVERT sums up some very interesting researches in the *Med. Times and Gazette* of London, as follows:

These results clearly show that, at the temperatures of 100°, 212°, and 300° F., life and

its germs had not been destroyed, whilst at 400° F. they had; for the results of the examination were in this case exactly identical with those of the albumen solution itself; and the life found was doubtless introduced in the preparation of the solution, and was not due to any life having remained in the fluids that had been heated.

Although perfectly aware of the interesting researches of Prof. MELSENS, proving that the most intense cold does not destroy the active power of vaccine lymph, still I thought it desirable to ascertain the effect of a temperature of 15° F. on well-developed germ-life, similar to that which had been subjected to the action of heat.

Some putrid meat liquor, therefore, containing a large quantity of microzyma and vibrios, was subjected for twenty hours to the influence of a temperature ranging between the freezing-point of water and 17° below that point, when the ice was melted and the liquor examined. The animalcules retained their vitality, but appeared very languid, and their power of locomotion was greatly decreased.

Two hours after melting the ice, the liquor was again examined, when the animalcules appeared to be as energetic as before.

The Census.

The *Presse Médicale Belge* of August 20, states that the late census of Great Britain, gives 31,817,108 persons, of whom 16,267,837 are women, and only 15,549,291 are men. Previous censuses showed an excess of women, which is not extraordinary when so many men are employed as sailors, or affected with the spirit of colonization. What appears most clearly from the above cyphers is, that the increase of the population on the other side of the Manche is rapid, and that in the country, where Malhusianism took birth as a doctrine, it is not yet practised. That is, on the contrary, the great sore which would depeople the United States, were the effects not counterbalanced in part by a numerous emigration of Europeans.

Rapid Eating.

A recent writer, treating of Russian customs, gives some facts which deprive the Americans of their exclusive claim to the habit of rapid eating. The Russian takes one-third of his meal *standing* at one table, and then sits down at another table to finish; both operations being despatched with all possible expedition, eating being the only thing which a Russian does in a hurry. "Luncheon bars" are said to be almost as bad for health as liquor bars. The mischief of rapid eating is enhanced by an erect posture. No doubt a great deal of the "indigestion" now so generally complained of, results from hasty swallowing of food. Time saved in such a way is worse than time lost.

Human Growth in France.

Dr. CHÉRON, "On Medical Art in relation to Military Organization," gives some curious details with regard to the period of growth in the human being. The average number of Frenchmen liable each year to military service having attained the age of 20 is 325,000, but about 61,000 are exempt from various causes, of which deficient height is one of the most frequent. This, Dr. Cheron thinks, is not a sufficient ground for exemption, as the time required to reach the full development of the stature varies considerably in different races. The population of France, being composed of mixed races, presents great differences as regards height, and the duration of growth greatly varies from one region to another, according to the origin of the inhabitants. The descendants of the aboriginal Gauls, occupying the central zone of France, from the Alps to the Atlantic, scarcely reached their full height before the age of 26. The inhabitants of the south, springing from Greeks, Romans and Gauls, attain their complete stature at 23 years of age. In the north-east of France the descendants of Belgians, Northmen, Flemings and Germans are not fully grown till they reach the age of 26. Dr. Chéron quotes the opinion of Dr. LERRY, a great authority in such matters, to the effect that a low stature is more often coincident with a strong constitution than a very high one.

Chloral Hydrat.

Since the method of manufacturing "chloral hydrat" cheaply, by distilling absolute alcohol over sugar, has been discovered, it is stated that the use of this drug has been greatly extended, and that it is now taken largely as a stimulant. The action of chloral upon the system is explained upon the theory that the

alkali of the blood combines with this substance and sets free the chloroform. As the influence of chloroform is very uncertain, so do the effects of chloral vary with different constitutions. The danger of the indiscriminate use of chloral is therefore apparent, but, in spite of repeated cautions, the consumption of this deleterious drug is very great, both in Europe and in this country. The London *Lancet* asserts that chloral is sold by "tons a week," and, on the authority of Baron LIEBIG, affirms that one German chemist manufactures and sells half a ton every week.

The London *Spectator*, commenting upon the statement that this immense quantity of chloral is used in the manufacture of beer, says there is a much simpler explanation, and asserts that taking chloral is the new and popular vice, particularly among women, and is doing as much harm as alcohol, ether and other stimulants. Chrystallized chloral, it is stated, is kept in thousands of dressing cases, and those who begin its use, it is asserted, often grow so addicted to it that they pass their lives either in a sort of contented stupefaction, or else in a condition of artificial excitement. In explanation of this apparent discrepancy it should be observed that in persons accustomed to their use, narcotics in large doses become stimulants, and stimulants become narcotics. Morphia is an illustration of the first, and alcohol of the last statement.

Reading in Railway Cars.

Most, if not all who read on railroads, are sensible of weight and weariness about the eyes. This sensation is accounted for on high medical authority by the fact that the exact distance between the eyes and the paper cannot be maintained. The concussions and oscillations of the train disturb the powers of vision, and any variation, however slight, is met by an effort at accommodation on the part of the eyes. The constant exercise of so delicate an organ of course produces fatigue, and if the practice of railroad reading is persisted in must result in permanent injury. Added to this difficulty is bad or shifting light. The safe and prudent mode is to read little if any. The deliberate finishing of volumes in railway cars is highly detrimental.

General Neuralgia.

M. GAILLARD has found that the only remedy capable of combating successfully the general neuralgia of VALLEIX is the actual cautery lightly applied at a white heat along the course of all the nerves affected. Coupled with a tonic regimen he thus cured two cases—one in eight days, and the other in three weeks, after all other means had failed.

Notice.

In our note headed "Cundurango Again," in the REPORTER for Sept. 16th, we did not intend to refer to any medical man in Kansas, as connected with the puffing and sale of that drug.

Difficulties of the Physician.

THE *New York Tribune* says some very unpleasant things, sometimes, about our profession; but, occasionally, as in the following extract, it, on the other hand, shows what we are disposed to believe are its real feelings: "Dr. WHEELER, of Dover, N. H., at Dartmouth College, addressing the graduating medical class, began by remarking that 'the science of medicine has been, and is now, a growth, and, consequently, has not yet reached perfection;' a sensible observation. The main trouble with medicine is, that man was born to die, not merely of old age, but of various diseases, at various stages of life. Recovery from an illness depends upon several conditions, with some of which the medical man who is called in has nothing to do. He may be sent for too tardily; his advice may not be followed, and his prescriptions may be negligently dispensed, or altogether dispensed with. He cannot keep watch and ward by every bedside, to prevent nurses from dosing their victims into the grave. And, more than all, however much he may know of theory and practice, there will remain a great many things of which he is ignorant, while patients and their friends distract him, and cry unto him, in the same breath, for succor."

Ergotine as a Hæmostatic.

The *Bulletin Général Thérapeutique* quotes from the *British Medical Journal* a case of Dr. JAMIESON, of Berwick, in which the subcutaneous injection of ergotine proved successful in arresting pulmonary hemorrhage on three separate occasions in a man aged forty-one. The *Bulletin Général*, following Dr. Jamieson, ascribes the first idea of this excellent mode of employing ergotine as a hæmostatic to Dr. G. W. Balfour. The proposal, however, came

originally from Langenbeck, of Berlin. When ever the hemorrhage is of such a nature that it can be arrested by simple contraction of the smaller arteries, good ergotine is, when thus employed, sure to be successful; and as the subcutaneous injection into the arm, or some fleshy part, is productive of not the slightest inconvenience, it is always worthy of trial. Three to six grains are sufficient for one injection, and it may be repeated within three minutes if necessary; the action is almost instantaneous. A prepared solution may be kept in readiness with a small proportion of spirit or glycerine to preserve it.

Riding in Railway Cars.

Dr. KARSTEN, of Paw, writes that many persons in health, have observed that after a railway journey of some length they felt more particularly tired in the legs, a phenomenon evidently due to the tremulous motion of the ground under their feet." Having suffered considerable from this myself, I tried the experiment of using the well-known air-cushion as a footstool. This answered so satisfactorily that I never travel now without it under my feet, and have not since felt the slightest inconvenience from railway traveling, which formerly fatigued me so dreadfully. In fact, the change is most remarkable. It is scarcely necessary to observe that the air-cushion thus employed would be found equally serviceable in ordinary carriages, and especially for the transport of wounded soldiers, etc. *Prosit* Doctors and invalids!"

Correspondence.

DOMESTIC.

Venous Aneurism.

EDS. MED. AND SURG. REPORTER:

May I trouble you with a few notes of a case of—what?—*false venous aneurism!!* Call it what you please. I will render the simple facts:

1849, second month, 21st, I was requested to meet Dr. B. J. PENNOCK to consult on the following case:

J—— C——, aged 69 years; a strong, healthy farm laborer, but in intellect almost an idiot. On the 9th inst., while loading wood on the wagon, was observed to fall among some brush, but did not make complaint of any hurt. On the evening of the following day, the family observed a swelling on the outside of the left leg, extending nearly from the knee to the ankle. It was very dark-colored, felt hard, but was neither sore nor painful.

Under family treatment, with liniments, etc., the swelling soon subsided, and the coloring vanished, except a well defined hemispherical tumor, at the upper two-thirds of the leg, about four inches in diameter, and very prominent. It remained, with little further change, until the 17th, when Dr. HARVY transiently saw it. He advised that it should be opened. On the day following, Dr. Pennock, the family physician, also advised the same course. It was opened by a neighbor, with a spring lancet. A jet of dark blood followed. After bleeding half a pint, without reducing the size of the tumor, it was stopped by means of a compress and roller without difficulty. The next day Dr. Pennock, supposing that the instrument had only divided some superficial vein, without penetrating the sac, made a free puncture with an abcess lancet, but was a good deal disconcerted on seeing a large stream of pure venous blood. He only arrested it by the horizontal posture, a thick compress and bandage. Since then the dressings have not been removed.

Present Condition.—Thus far the case had given a confused idea of aneurism. On removing the dressings, applied two days ago, the condition of the tumor was not sensibly changed, being undiminished tense and elastic, and covered by scarcely anything more than the skin. The limb otherwise, as well as the whole man, was healthy.

Diagnosis.—The tumor had succeeded to a probable cause of injury; it was located over the anterior tibial artery, and it was a blood-sac. Moreover, the small size of the tibial might yield blood slowly, while the current could be still more retarded by a circuitous route from beneath the fascia of the leg. Was it arterial?

On the other hand, the injury, if any, was inadequate to reach an artery so well protected as the tibial. The whole seems exterior to the fascia; it is free from pulsation, or any obstruction of the neighboring arteries—the blood was venous. The punctures healed readily, and the veins of the leg had never been varicose. Was it venous?

The only conclusion we could arrive at, was a cellular sac, formed by the bleeding from a ruptured vein—a sort of *false venous aneurism*, if I may be allowed the expression. Under all the circumstances, we determined for the present to leave it to its natural course, and to act upon whatever indication might arise. We applied a soft compress and bandage to keep up gentle pressure, and enjoined rest. For the next two weeks it presented very little change, except that it became more firm to the touch, and the skin grew more thin and colored. The family, apprehensive of a rupture of the sac, wishing that some-

thing might be done, we again met, Drs. C. SEAL and WM. W. TOWNSEND being present.

We concluded to make a test opening, and then to act accordingly. If it should prove arterial, the proper vessel could be secured If venous, compression would be rendered more efficacious by the evacuation of the contents of the sac. A tourniquet was placed loosely on the limb, and a free puncture made. A gush of dark, grumous blood followed; but was only temporary. A probe was passed in all directions through the sac, obstructed only by coagula, a large quantity of which was removed by pressure after being broken down with the instrument. Pressure of the venous trunks by the the tourniquet was found to increase the bleeding in a small degree.

After partially emptying the sac, I placed a narrow compress cross-wise below the sac; closed the orifices with an adhesive strip, and placed a thick, graduated compress over all, with a roller, from the toes to the knee. The dressings were continued for more than three weeks. The tumor gradually subsided, as the coagula were absorbed, and at the end of the period named, all trace of the sac had disappeared. The leg was well.

Observations.—Large echymotic extravasation of venous blood, such as seems to have occurred in the first instance in this case, common, and well understood; but it is certainly less common for it to degenerate into a permanent sac, so nearly simulating aneurism.

If the record does nothing more, it may possibly serve to relieve the anxiety of some junior brother should he be called to a similar case.

EZRA MICHENER, M. D.

Toughkenamon, Chester co., Pa., Nov 9, 1871.

Epileptic Vertigo.

EDS. MED. AND SURG. REPORTER:

I herewith forward the history and treatment of a very interesting case of epileptic vertigo, alternating with true epilepsy, which came under my observation on the 8th of September, 1871.

The history given by her parents is as follows: J. W.; age 14; very healthy child, except an occasional attack of croup; second summer of teething had cholera infantum; up to that time of a very white, clear complexion, after which of a dark and muddy cast. When six months old had pertussis, which lasted all the fall and winter. Between five and six years old had measles very slightly.

Her general health was excellent until nine years old, when she was taken with these "nervous spells." Her condition, when first seen by me, was as follows: Healthy appearance, well developed, pulse normal; complains of no pain; bowels constipated; appetite morbid; having from six to ten paroxysms each day, and as many at night; they lasted but a few minutes, not causing her to fall, and interfering very little with ordinary conversation; the muscular contractions seemed to be confined to the upper extremity. I ordered the following prescriptions:

℞. Iodide pot.
Bromide pot., aa ʒj.
Bromide ammonia, ʒss.
Tr. calumbo, ℥jss.
Aquæ, ʒjvss. M.

Sig.—Teaspoonful before each meal, and two tablespoonfuls before going to bed.

Electricity to the spine three times a day; ample exercise in open air; early hours; good, yet nutritious, diet, with the following pills after each meal:

℞. Ext. hyos.,
Quiniæ sulph.,
Iodoform, aa. ℈ij.
Ext. nucis vomicæ, ℈ss.
Leptandrin, ʒij. M.

P. 80. Sig.—Two pills ter die after meals.

She continued this remedy until the 14th of September without any apparent benefit.

On the night of the 14th I was summoned in haste to see her. I found her with a paroxysm that lasted about fifteen minutes. She had five during the night, the last one so severe I thought she would never recover. After the "fit" expired, the coma was so profound that it was impossible to arouse her by ordinary means. I finally resorted to the electrical current applied directly over the spine, without benefit; then over the liver and stomach, which acted like a charm in arousing her. I made the following change in the prescription:

℞. Ext. hyos.
Quiniæ, aa ℈ij.
Iodoform, ℈ij.
Ext. nucis vomicæ, ℈ss.
Hydrocyanate of iron, gr.15
Leptandrin, ʒij.

Make pills 80. Sig.—Two pills ter die after meals.

℞. Iodid. pot., ʒi.
Bromid. pot., ʒijss.
Bromide ammon., ℈ij.
Vin. pepsinæ, f℥iv.
Aquæ, ʒij. M.

Sig.—Dessertspoonful before each meal, and two before going to be bed.

After taking these prescriptions a few days, the paroxysms began to diminish in frequency and severity. On the 20th of September she was moved to her home in Columbus, Mississippi. I neglected to state, in the proper place, that I introduced a seton in her neck.

I received a letter from her parents yesterday, stating she had only three attacks in the last month and they were so light that none other except one who had watched her for years, could discern them.

I will remark that she had been having them for five years, varying from six to twelve per day, and as many and frequently more, at night; that she has been under medical treatment the entire time, and that too, the ablest of our profession, without any benefit.

I ordered fresh fish to be given her three

times a week, in view of the phosphorus contained in that food. After taking the pills about three weeks, I was obliged to reduce the quantity of ext., hyos, to one-half, on account of the narcotic effect. Since then her parents inform me "she looks better and more natural than she has in five years;" that they see no difference in her complexion now and then; that her nose used to bleed frequently and it has recommenced. In other words, she is almost the once healthy, sprightly girl she used to be. They had her teeth repaired according to my directions, which they thought added greatly to her comfort.

I attributed the continuance of these paroxysms due to a want of the establishment of the menstrual functions, and the benefit derived from the vicarious bleeding of the nose confirms my opinions. The cause must certainly be nervous irritation, produced by decayed teeth and indigestion.

Should any of your readers have met with a similar case, I would be glad if they would report it, in order that I, as well as the rest of the profession may derive benefit from it.

SAM. L. RAINES, M. D.

White Haven, Tenn., Oct. 23, 1871.

News and Miscellany.

Effects of the War on Medicine.

One of the most striking effects of the late war on our profession has been manifested in the University of Strasburg. Last year only eleven medical students presented themselves for examination, whilst in the previous year no less than 1014 received their degrees. One cause of this extraordinary falling off is the awkward position in which graduates of this University are placed, their degrees being acknowledged neither by France nor Prussia.

Death of Professor Schweigger-Seidel.

It is with profound regret that we record the death of this skillful histologist, who has been for some months despaired of. He was histological assistant to Professor LUDWIG, in the Physiological Institute at Leipzig, and was there much regarded for his personal qualities, as well as valued for his efficient services in the laboratory. Phthisis was the cause of his death. He was reporter on histology in VIRCHOW'S *Jahresbericht*, and proved himself therein an able critic. His chief works are on the structure of the kidney and on the plasmatic channels and the corpuscles of the cornea.

Death of M. Blache.

M. BLACHE, one of the most distinguished of the Paris physicians, and quite recently President of the Academy of Medicine, died last week. His loss is felt the more severely by the profession, as he was a great favorite among them as an attendant upon their own families. He had a large consulsation practice, in town and country, in children's diseases. He was son-in-law of M. GUERSANT.

——A Michigan doctor, who was arrested because his patient died, has been acquitted on the ground that he did the best he could, giving all the medicines he knew the names of.

——In Philadelphia there resides a very active old gentleman, aged 85, whose wife is 84, whose father lived to 80, mother to 87, and grandfather 98, whilst one of sisters lived to 88.

QUERIES AND REPLIES.

Dr. B. P. R., Va.—The price of REYNOLD'S System of Medicine, three volumes, is $5 per volume, and of NEWMAN'S Handbook of Skin Diseases, $4.00.

Dr ——Pa—The price of MEADOWS' Midwifery is $3, and of DILLENBERGER on Diseases of Women and Children, $1.75.

Chronic Alcoholism.

Dr. R. S., of Texas, wishes information as to the most appropriate means of treating chronic alcoholism.

Ethics.

Dr. A. D. B., of Pa.—The inquiry you put us is not easily answered. Patients have a right to select their physicians, and change them when they choose. Physicians have no right to take advantage of the absence of the physician in regular attendance to persuade the family to give him up. We do not know enough of the circumstances to decide the case in point.

MARRIED.

BRINCKLE—BRINCKLE.—On the 7th inst., at St. Andrew's Church, Wilmington, Del., by the Right Rev. Alfred Lee, D.D., William R. Brinckle and Fanny Rodney, youngest daughter of the late Wm. D. Brinckle, M. D., of this city.

DE WITT—VAN CLEVE.—On October 25, at the residence of the bride's mother, Lawrenceville, N. J., by Rev. A. Gosman, D. D., Edmund De Witt, M. D., and Miss Lizzie Van Cleve.

FARROW—NAUGHRIGHT.—In Naughrightville, November 1, at the residence of the bride's parents, by the Rev. Messrs. Hiller and Fox, Joseph S. Farrow M. D., of Flanders, N. J., and Miss Lizzie Naughright.

FULLERTON—PLATT.—At Columbus, Ohio, October 19, by the Rev. R. W. Clark, Jr., assisted by the Rev. A. T. Fullerton, Dr. E. B Fullerton and Miss Fanny Platt, daughter of W. A. Platt, Esq.

HAYDEN—WOODRUFF.—In this city, on the 9th inst., by the Rev. E. R. Beadle, D. D., Dr. F. V. Hayden, of Washington, D. C., and Emma, daughter of Edward D. Woodruff, of this city.

HENDERSON BRIGHT.—At the Madison Street Baptist Church, Covington, Ky., October 31, by the Rev. T. J. Stevenson; assisted by the Rev. J. M. Worrall, D. D., Dr. W. W. Henderson and Miss Sallie V. Bright, daughter of Hon. Jesse D. Bright all of Covington.

MEHARD—MURDOCH.—At Sewickley, Pa., November 2 1871, by Rev. Dr. Bittinger, Dr. T. M. Mehard, of Wampum, Pa., and Miss Mary M. Murdoch, of Sewickley.

DIED.

HALLOCK.—In Pittsburg, November 7th, Dr. Wm. A. Hallock.

KEESE.—In New York, Nov. 7, 1871, Dr. Hobart Keese, son of the late Rev. William Linn Keese.

KILDUFFE.—In this city, on the 2d inst., Robert Kilduffe, M. D., in the 71st year of his age.

THORMANN.—At Dubuque, Iowa, Oct. 28th, Dr. Frederick C. J. Thormann, aged 74 years.

WILCOX.—At New Albany, Ind., Nov. 1, Dr. P. M. Wilcox, in his 56th year.

WOODBRIDGE.—Dr. Woodbridge, surgeon of the steamship Moses Taylor, died on the return voyage from Honolulu.